

TO IMPROVE ACCESS TO PHYSICIANS IN MEDICALLY  
UNDERSERVED AREAS

JUNE 24, 2002.—Committed to the Committee of the Whole House on the State of  
the Union and ordered to be printed

Mr. SENSENBRENNER, from the Committee on the Judiciary,  
submitted the following

R E P O R T

together with

ADDITIONAL VIEWS

[To accompany H.R. 4858]

[Including cost estimate of the Congressional Budget Office]

The Committee on the Judiciary, to whom was referred the bill  
(H.R. 4858) to improve access to physicians in medically under-  
served areas, having considered the same, reports favorably there-  
on without amendment and recommends that the bill do pass.

CONTENTS

Purpose and Summary .....	Page 2
Background and Need for the Legislation .....	2
Hearings .....	2
Committee Consideration .....	2
Vote of the Committee .....	2
Committee Oversight Findings .....	2
Performance Goals and Objectives .....	3
New Budget Authority and Tax Expenditures .....	3
Congressional Budget Office Cost Estimate .....	3
Constitutional Authority Statement .....	4
Section-by-Section Analysis and Discussion .....	4
Changes in Existing Law Made by the Bill, as Reported .....	4
Markup Transcript .....	6
Additional Views .....	17

## PURPOSE AND SUMMARY

H.R. 4858 would extend authority for a waiver to permit certain foreign medical doctors to practice medicine in underserved areas without first leaving the United States and increase the number of foreign residence waivers to 30 per State.

## BACKGROUND AND NEED FOR THE LEGISLATION

Aliens who attend medical school in the United States on “J” visas must leave the United States after school to reside abroad for 2 years before they may practice medicine in the United States. The intent behind this policy is to encourage American-trained foreign doctors to return home to improve health conditions and advance the medical profession in their native countries.

In 1994, Congress created a waiver of the 2-year foreign residence requirement for foreign doctors who commit to practicing medicine for no less than 3 years in the geographic area or areas which are designated by the Secretary of Health and Human Services as having a shortage of health care professionals.<sup>1</sup> The waiver limited the number of foreign doctors to 20 per State so that underserved areas in all States receive doctors under the program. The original waiver was set to expire June 1, 1996, but Congress extended the waiver to June 1, 2002.<sup>2</sup>

States with underserved medical areas claim that health facilities in such areas will have to close down if the authority for these medical waivers is not extended. The States have also requested additional waivers so they may have more doctors to help keep their clinics open.

## HEARINGS

No hearings were held on H.R. 4858.

## COMMITTEE CONSIDERATION

On June 19, 2002, the Committee met in open session and ordered favorably reported the bill H.R. 4858 without amendment by voice vote, a quorum being present.

## VOTE OF THE COMMITTEE

There were no recorded votes on H.R. 4858.

## COMMITTEE OVERSIGHT FINDINGS

In compliance with clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Committee reports that the findings and recommendations of the Committee, based on oversight activities under clause 2(b)(1) of rule X of the Rules of the House of Representatives, are incorporated in the descriptive portions of this report.

<sup>1</sup> Immigration and Nationality Technical Corrections Act, Pub. L. No. 103–416, § 220, 108 Stat. 4319 (1994).

<sup>2</sup> Illegal Immigration Reform and Immigrant Responsibility Act, Pub. L. No. 104–208, § 622, 110 Stat. 3009–695 (1996).

## PERFORMANCE GOALS AND OBJECTIVES

H.R. 4858 does not authorize funding. Therefore, clause 3(c) of rule XIII of the Rules of the House of Representatives is inapplicable.

## NEW BUDGET AUTHORITY AND TAX EXPENDITURES

Clause 3(c)(2) of House rule XIII is inapplicable because this legislation does not provide new budgetary authority or increased tax expenditures.

## CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

In compliance with clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the Committee sets forth, with respect to the bill, H.R. 4858, the following estimate and comparison prepared by the Director of the Congressional Budget Office under section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,  
CONGRESSIONAL BUDGET OFFICE,  
*Washington, DC, June 21, 2002.*

Hon. F. JAMES SENSENBRENNER, Jr., *Chairman,*  
*Committee on the Judiciary,*  
*House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 4858, a bill to improve access to physicians in medically underserved areas.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Mark Grabowicz, who can be reached at 226-2860.

Sincerely,

DAN L. CRIPPEN, *Director.*

Enclosure

cc: Honorable John Conyers, Jr.  
Ranking Member

*H.R. 4858—A bill to improve access to physicians in medically underserved areas.*

CBO estimates that implementing H.R. 4858 would result in no significant net cost to the Federal Government. The bill would affect direct spending, so pay-as-you-go procedures would apply, but we estimate that any effects would be insignificant. H.R. 4858 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would impose no costs on State, local, or tribal governments.

Until June 1, 2002, foreign students attending medical school in the United States were permitted to remain here after graduation if they agreed to work in rural areas for at least 3 years or accepted employment with certain Federal agencies. This program was limited to 20 individuals a year for each state that participated in the program. Currently such individuals must return to their native countries. H.R. 4858 would reestablish this program through June 1, 2004, and would increase the limit on the number of participants to 30 for each state.

Based on the participation of foreign medical students in these employment programs in recent years, CBO expects that the bill's provisions would affect about 1,500 persons annually. The Immigration and Naturalization Service (INS) would collect fees to provide work permits for these individuals. The agency is authorized to spend such fees without further appropriation, so the net impact on INS spending would be insignificant. INS fees are classified as offsetting receipts (a credit against direct spending).

The CBO staff contact for this estimate is Mark Grabowicz, who can be reached at 226–2860. This estimate was approved by Peter H. Fontaine, Deputy Assistant Director for Budget Analysis.

#### CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds the authority for this legislation in article 1, section 8, clause 4 of the Constitution.

#### SECTION-BY-SECTION ANALYSIS AND DISCUSSION

##### *Sec. 1. Waiver of Foreign Country Residence Requirement with Respect to International Medical Graduates.*

Section 1 of the bill increases the numerical limitation on waivers requested by States from 20 per State to 30 per State. It also extends the deadline for the authorization of the waiver to June 1, 2004. The effective date of the bill is retroactive and is written as enacted on May 31, 2002, the day the program expired.

#### CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, existing law in which no change is proposed is shown in roman):

### IMMIGRATION AND NATIONALITY ACT

\* \* \* \* \*

#### TITLE II—IMMIGRATION

\* \* \* \* \*

#### CHAPTER 2—QUALIFICATIONS FOR ADMISSION OF ALIENS; TRAVEL CONTROL OF CITIZENS AND ALIENS

\* \* \* \* \*

#### GENERAL CLASSES OF ALIENS INELIGIBLE TO RECEIVE VISAS AND INELIGIBLE FOR ADMISSION; WAIVERS OF INADMISSIBILITY

##### SEC. 212. (a) \* \* \*

\* \* \* \* \*

(e) No person admitted under section 101(a)(15)(J) or acquiring such status after admission (i) whose participation in the program for which he came to the United States was financed in whole or in part, directly or indirectly, by an agency of the Government of

the United States or by the government of the country of his nationality or his last residence, (ii) who at the time of admission or acquisition of status under section 101(a)(15)(J) was a national or resident of a country which the Director of the United States Information Agency pursuant to regulations prescribed by him, had designated as clearly requiring the services of persons engaged in the field of specialized knowledge or skill in which the alien was engaged, or (iii) who came to the United States or acquired such status in order to receive graduate medical education or training, shall be eligible to apply for an immigrant visa, or for permanent residence, or for a nonimmigrant visa under section 101(a)(15)(H) or section 101(a)(15)(L) until it is established that such person has resided and been physically present in the country of his nationality or his last residence for an aggregate of a least two years following departure from the United States: *Provided*, That upon the favorable recommendation of the Director, pursuant to the request of an interested United States Government agency (or, in the case of an alien described in clause (iii), pursuant to the request of a State Department of Public Health, or its equivalent), or in the case of a waiver requested by an interested United States Government agency on behalf of an alien described in clause (iii), or of the Commissioner of Immigration and Naturalization after he has determined that departure from the United States would impose exceptional hardship upon the alien's spouse or child (if such spouse or child is a citizen of the United States or a lawfully resident alien), or that the alien cannot return to the country of his nationality or last residence because he would be subject to persecution on account of race, religion, or political opinion, the Attorney General may waive the requirement of such two-year foreign residence abroad in the case of any alien whose admission to the United States is found by the Attorney General to be in the public interest except that in the case of a waiver requested by a State Department of Public Health, or its equivalent, or in the case of a waiver requested by an interested United States Government agency on behalf of an alien described in clause (iii), the waiver shall be subject to the requirements of section [214(k):] 214(l): *And provided further*, That, except in the case of an alien described in clause (iii), the Attorney General may, upon the favorable recommendation of the Director, waive such two-year foreign residence requirement in any case in which the foreign country of the alien's nationality or last residence has furnished the Director a statement in writing that it has no objection to such waiver in the case of such alien.

\* \* \* \* \*

#### ADMISSION OF NONIMMIGRANTS

##### SEC. 214. (a) \* \* \*

\* \* \* \* \*

(1)(1) In the case of a request by an interested State agency, or by an interested Federal agency, for a waiver of the 2-year foreign residence requirement under section 212(e) on behalf of an alien described in clause (iii) of such section, the Attorney General shall not grant such waiver unless—

(A) \* \* \*

(B) in the case of a request by an interested State agency, the grant of such waiver would not cause the number of waivers allotted for that State for that fiscal year to exceed [20;] 30;

\* \* \* \* \*

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**SECTION 220 OF THE IMMIGRATION AND NATIONALITY  
TECHNICAL CORRECTIONS ACT OF 1994**

**SEC. 220. WAIVER OF FOREIGN COUNTRY RESIDENCE REQUIREMENT  
WITH RESPECT TO INTERNATIONAL MEDICAL GRAD-  
UATES.**

(a) \* \* \*

\* \* \* \* \*

(c) **EFFECTIVE DATE.**—The amendments made by this section shall apply to aliens admitted to the United States under section 101(a)(15)(J) of the Immigration and Nationality Act, or acquiring such status after admission to the United States, before, on, or after the date of enactment of this Act and before June 1, [2002.] 2004.

MARKUP TRANSCRIPT

**BUSINESS MEETING**

**WEDNESDAY, JUNE 19, 2002**

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON THE JUDICIARY,  
*Washington, DC.*

The Committee met, pursuant to notice, at 10:29 a.m., in Room 2141, Rayburn House Office Building, Hon. F. James Sensenbrenner, Jr. [Chairman of the Committee] presiding.

Chairman SENSENBRENNER. The Committee will be in order. A working quorum is present.

\* \* \* \* \*

Pursuant to notice, I now call up the bill H.R. 4858, a bill to improve access to physicians in medically underserved areas, for purposes of markup and move its favorable recommendation to the House.

Without objection, the bill will be considered as read and open for amendment at any point.

[The bill, H.R. 4858, follows:]

107TH CONGRESS  
2D SESSION

# H. R. 4858

To improve access to physicians in medically underserved areas.

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IN THE HOUSE OF REPRESENTATIVES

JUNE 4, 2002

Mr. MORAN of Kansas (for himself, Mr. TOWNS, Mr. STENHOLM, Mr. MCINTYRE, and Mr. HOUGHTON) introduced the following bill; which was referred to the Committee on the Judiciary

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## A BILL

To improve access to physicians in medically underserved areas.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. WAIVER OF FOREIGN COUNTRY RESIDENCE RE-**  
4 **QUIREMENT WITH RESPECT TO INTER-**  
5 **NATIONAL MEDICAL GRADUATES.**

6 (a) INCREASE IN NUMERICAL LIMITATION ON WAIV-  
7 ERS REQUESTED BY STATES.—Section 214(l)(1)(B) of  
8 the Immigration and Nationality Act (8 U.S.C.  
9 1184(l)(1)(B)) is amended by striking “20;” and inserting  
10 “30;”.

1 (b) EXTENSION OF DEADLINE.—Section 220(c) of  
2 the Immigration and Nationality Technical Corrections  
3 Act of 1994 (8 U.S.C. 1182 note) is amended by striking  
4 “2002.” and inserting “2004.”.

5 (c) TECHNICAL CORRECTION.—Section 212(e) of the  
6 Immigration and Nationality Act (8 U.S.C. 1182(e)) is  
7 amended by striking “214(k):” and inserting “214(l):”.

8 (d) EFFECTIVE DATE.—The amendments made by  
9 this section shall take effect as if this Act were enacted  
10 on May 31, 2002.

○

Chairman SENSENBRENNER. The Chair recognizes the Chairman of the Subcommittee on Immigration, Border Security, and Claims, Mr. Gekas, for 5 minutes to explain the bill.

Mr. GEKAS. I thank the Chair.

This bill extends an authorization that has been applied for several years now. We allow, as a society, we allow foreign students to come in to become doctors in our own land here, with the condition that says that once they complete their medical education here in the United States, they would have to return to their own nation for a period of 3 years so that the overall purpose of the program—namely to train doctors in our land to help in health conditions in their land—be fulfilled.

But in the past, we have authorized a waiver of that provision if the doctors who are trained in the United States agree to act as doctors and serve as doctors in rural and underserved areas for a period of 2 years. The current waiver of that system expires as of June 1st of this year. It has already expired. What we’re doing is extending that modification, that waiver, for another 2 years, starting June 1st of this current year.

That’s the extent of this legislation. It’s a mere extension of a waiver that previously has been adopted by the Congress of the United States.

Chairman SENSENBRENNER. The gentlewoman from California, Ms. Lofgren.

Ms. LOFGREN. I move to strike the last word. I have several questions about—



Chairman SENSENBRENNER. Without objection, all Members may submit opening statements, which will appear at this point in the record.

[The prepared statement of Ms. Jackson Lee follows:]

PREPARED STATEMENT OF THE HONORABLE SHEILA JACKSON LEE, A REPRESENTATIVE  
IN CONGRESS FROM THE STATE OF TEXAS

SHEILA JACKSON LEE  
18TH DISTRICT, TEXAS

COMMITTEES:  
JUDICIARY  
SUBCOMMITTEES:  
CRIME  
RANKING MEMBER  
IMMIGRATION AND CLAIMS

SCIENCE  
SUBCOMMITTEES:  
SPACE AND AERONAUTICS  
ENERGY

CHAIR  
CONGRESSIONAL CHILDREN'S CAUCUS

REGIONAL WHIP  
DEMOCRATIC CAUCUS

2ND VICE CHAIR  
CONGRESSIONAL BLACK CAUCUS

**Congress of the United States**  
**House of Representatives**  
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# STATEMENT

OF

CONGRESSWOMAN SHEILA JACKSON LEE

ON

H.R. 4858, TO IMPROVE ACCESS TO PHYSICIANS IN

MEDICALLY UNDERSERVED AREAS

Wednesday  
June 19, 2002



Thank you, Mr. Chairman. H.R. 4858 was introduced on June 4, 2002 by Cong. Jerry Moran. H.R. 4858 reauthorizes the Conrad 20 program until May 31, 2004. The reauthorization is retroactively effective to May 31, 2002 as that was the date of the expiration of the program. The bill also includes a modest

increase in the number of eligible foreign physicians that can seek a waiver in each state from 20 doctors to 30 doctors.

Under current immigration law, a J visa is available to foreign physicians as an "exchange visitor" if the person meets certain requirements including: (1) the intention to return to his or her home country; (2) participation in an exchange visitor program designated by the U.S. Information Agency; (3) participation in a program intended to train foreign nationals in a field that can be utilized in the person's home country; and (4) sufficient funds and fluency in English.

There are a limited number of waivers of the 2 year foreign residency requirement available to foreign physicians. In particular, a foreign physician may obtain a waiver through a recommendation issued by an interested state or federal agency interested in facilitating the physician's employment in a designated medically underserved area. Until recently, the U.S. Department of Agriculture and individual state agencies (pursuant to a federal law known as the "Conrad 20" program) would issue

recommendations for foreign doctor's to receive such waivers.

Under the Conrad 20, each state could recommend up to 20 J-1 doctors for a waiver of the foreign residency requirement to allow the doctors to work in underserved areas.

Therefore, I urge my colleagues to support H. R. 4858.

Chairman SENSENBRENNER. And the gentlewoman is recognized for 5 minutes.

Ms. LOFGREN. Thank you, Mr. Chairman.

First, it is not clear to me whether the State Department has provided a report to the Committee on this measure. And I know that in past efforts to review the J visa program, the State Department has had very strong views about blanket waivers, because they feel it is contrary to the agreements made with foreign governments relevant to the J program overall.

Can the Chairman provide me with information as to the State Department's report on this measure?

Mr. GEKAS. [Presiding.] If the lady would yield—

Ms. LOFGREN. I would yield.

Mr. GEKAS.—the Chair would simply outline that we are aware of no stated position like the one to which the lady alludes.

Ms. LOFGREN. Have we asked the State Department?

Mr. GEKAS. Actually, we just agreed, on the basis of request by the State Department, to—

Ms. LOFGREN. The State Department has requested—the State Department has requested this bill?

Mr. GEKAS. Not the State Department itself. What I'm saying to you is that this came to us through legislation offered by the gentleman from Kansas, Mr. Moran. We have not received objections from the State Department or anyplace else—

Ms. LOFGREN. Reclaiming my time—

Mr. GEKAS. An existing waiver program—

Ms. LOFGREN. Reclaiming my time, I think made most of the Immigration Subcommittee meetings, but I do not recall the Subcommittee marking this bill up. Did I just miss the meeting or did we have a markup on this?

Mr. GEKAS. The lady is correct.

What we're responding to is the expiration of the waiver period and to bring it to the attention of the Judiciary Committee on what I would consider a routine matter of extending that waiver for the stated purposes.

Ms. LOFGREN. Reclaiming my time, I do have a concern about moving forward on this bill without a Subcommittee markup for several reasons.

First, the limitation of 20 per State is discriminatory against those States that are larger. It may work very well in the State of Kansas—and I, frankly, on the merits have no objection to helping the State of Kansas. But this will—to limit to the number of 20 will

certainly not assist the State of Texas. It will not assist the State of California and some of the other larger States that have the same problems with medically underserved rural areas as does Kansas.

Secondarily, there are the identical issues in medically underserved areas in urban areas that have not been addressed. And I think that we might have been able to deal with that issue had we had a Subcommittee markup, which we have not had.

Finally, I do have a concern—I can recall in the '96 act proposing that we give wider discretion to our immigration service to waive the 2-year residency requirement under the entire J program when it is advantageous to America. And there was objection made, and strong objection made, by the State Department because they thought it would actually pose a threat to the viability of the J program overall. I think it would be a mistake to proceed without soliciting the input of the State Department on this issue. And for all we know, they may not even be aware that we are marking this bill up.

So while, in the end, I might support this bill later on, I cannot support it today without a markup. And I'd be willing to have a markup on Friday so as to get the right information so as not to hold it up. But I just think it's very poor practice to proceed in this way without dealing with the urban issues, without dealing with the larger States, and without getting the testimony or at least the written agreement of the State Department before proceeding.

And I reluctantly cannot support the bill at this time for those reasons. And I would yield back the balance of my time.

Chairman SENSENBRENNER. [Presiding.] Are there amendments? The gentlewoman from California.

Ms. WATERS. I move to strike the last word.

I, too, have questions.

Chairman SENSENBRENNER. The gentlewoman is recognized.

Ms. WATERS. Am I to understand that this is strictly for rural areas and that urban areas are not included in this, Mr. Chairman? Mr. Gekas?

Mr. GEKAS. Would the lady yield?

Ms. WATERS. Yes. Yes, I yield to Mr. Gekas.

Mr. GEKAS. It is my understanding that this legislation only extends a concept which we have adopted in the Congress for underserved areas. That, in my judgment, brings to mind immediately rural areas of our country. That does not mean that it is restricted to rural areas. The description is "underserved."

Ms. WATERS. Okay. Okay.

Mr. GEKAS. So if a case can be made that somewhere in the United States, even in an urban setting, there is a population that is underserved, then that would apply as well.

Ms. WATERS. Reclaiming my time, am I to understand that these are for foreigners that receive their medical education in the United States?

Mr. GEKAS. If the lady would yield?

Ms. WATERS. Yes, I yield.

Mr. GEKAS. That's correct. That's correct.

Ms. WATERS. And further, I would like to ask, in reviewing this so that it may continue, have you built in any of the security concerns that appear to be so prevalent as we deal with all of the

issues of public policy in the Government? Have we taken a look at any questions that may be raised about security concerns? And do we do anything different or special? Or do we just do it the way we've done it in the past?

Mr. GEKAS. If the lady would yield further——

Ms. WATERS. Yes, I do yield.

Mr. GEKAS. I would state that the security concerns and the screening that has been applied by the State Department in the past on issuing this special type of visa still remains. I probably would be wise and prudent to add that increased security, as we have now imposed on many of our visas, will also apply.

Ms. WATERS. Reclaiming my time——

Mr. GEKAS. So this is——

Ms. WATERS. Reclaiming my time, thank you. Thank you very much. I get your answer.

And the three things that I've asked you are still not clear to me. I don't know what's in the original law. You refer to "rural," and then you refer to "disadvantaged" or "needed areas" or something. And we really do need to understand what is in law now, what are we reauthorizing.

And thirdly, while you will assume that there are additional security measures that have been built in by the State Department, since we've had no hearing, we really don't know that.

I think perhaps it would be unwise to move with this at this time, until we at least figure two of the things that some of us are concerned about:

Whether or not, if we are going to give special waivers, will it be designed for one sector of our society; will it in fact cover those areas in need? What does the original legislation say?

And number two, whether or not the State Department can represent to us that they built in additional security concerns.

Without that information, I'd be unable to support the bill. I yield back the balance of my time.

Chairman SENSENBRENNER. Are there amendments? Are there amendments?

For what purpose does the gentleman from North Carolina seek recognition?

Mr. WATT. I move to strike the last word.

Chairman SENSENBRENNER. The gentleman is recognized for 5 minutes.

Mr. WATT. Thank you, Mr. Chairman.

I note that this waiver program apparently expired on May 31 of 2002, and that a number of people have raised concerns about it, about the extension—not so much objections as questions. A further question that is always raised in this context and one that, as I recall from my time as Ranking Member on the Immigration Subcommittee, was this whole waiver program has been carefully balanced to take into account the fact that sometimes you want to encourage physicians who have been trained here in the United States to return to the countries that they have come from, because those countries need medical services. They are a lot more underserved than some of the areas in our country.

The reason—I mean, I think this is a good program. And I'm wondering whether the gentleman might consider maybe instead of extending the program for 2 years to 2004, maybe extending it to

2003, so that we could get some input from the State Department and try to answer some of these questions. It just seems like there are a number of unanswered questions. And we're doing a 2-year extension as opposed to a 1-year extension. That might be a little bit better.

And I'm proposing that in a constructive way, not because I oppose the legislation. But because I share some of the same concerns that—some of the same questions, not concerns but questions, that really need to be answered and ought to have been answered in the Subcommittee before this bill ever got to this point, if this bill had been considered in the Subcommittee.

Mr. GEKAS. Will the gentleman yield?

Mr. WATT. I'll yield to Mr. Gekas, and maybe he might—

Mr. GEKAS. I considered this, when it came to my desk, as a routine matter, based on the previous actions of the Judiciary Committee and the Congress as a whole, in a program which found great support and which has, we believe, borne sufficient dividends to allow it to be continued. And that's the way I'm treating it.

Now, this Committee and the Congress many times continues a program without debate and without over-concern, shall we say, about the value of the program. I have no reason to believe that this program has not continued to be valued by the State Department and by the medical profession, and by the society as a whole. And so I believe that we should approve it here. And if we find that there are differences that have to be brought out, we can do that between now and the time of floor action. And definitely floor action will be able to bring to the concerns that the gentleman has articulated here today.

I would ask for approval now, based on the fact that it has worked before. And I consider it, really, a routine matter.

Mr. WATT. I yield to the gentlelady from California. Maybe she would have a perspective on the 1-year extension also.

Ms. LOFGREN. Clearly, a 1-year extension would be a stopgap measure. But I just—you know, each of us commits to working through these items on the full Committee, but also each of us, and we do it by seniority and we do it carefully, agrees to serve on a Subcommittee. And that is where the detail work is done for this Committee, to make sure that all the i's are dotted and the t's are crossed. And I have been on the Immigration Subcommittee now for many, many years, and it's something I take very seriously. And I guess—I understand you think there's not a problem. And hopefully you're right.

But the problem here is that we haven't had the Subcommittee to look at it. There are issues here that need to be explored.

I am disappointed that this—you know, it is not as if we've met every day in the Subcommittee. I mean, we could have had—we've had ample opportunity to meet and take this up. And I just think it's a mistake. And it's really not fair to the Congress and to the Committee—

Chairman SENSENBRENNER. The time of the gentleman has expired.

Ms. LOFGREN.—to proceed.

Mr. FRANK. Mr. Chairman?

Chairman SENSENBRENNER. The Chair recognizes himself for 5 minutes.

There has been ample time to take this up. The program expired on June 1st. On June 4th, a bipartisan group of Members, representing both urban and rural areas, introduced the bill for the extension: Mr. Moran of Kansas, a rural district; Mr. Towns of New York, Brooklyn or Queens; Mr. Stenholm of Texas, a rural area; Mr. McIntyre of North Carolina, a kind of mixed urban-rural area; and Mr. Houghton of New York, who has got some very large cities as well as some rural areas.

The fact is that they won't be able to get the doctors into these areas unless this program is extended.

Now, why the bill wasn't introduced until June 4th, I don't know. But this Committee has had this bill now for 15 days. Today is June 19th. It deals with an extension of an expired program for 2 years and an increase in the number of visas that can be authorized by State from 20 to 30. These are all in medically underserved areas—rural areas, urban areas, maybe some suburban areas.

It seems to me, to keep the doctors practicing there, we ought to deal with this today, get it on the floor next week, send it over to the other body. Otherwise, you're going to be seeing the INS, if they ever get around to it, tapping some of these doctors on the shoulder and saying, "You've got to go home."

I yield back the balance of my time.

Mr. FRANK. Mr. Chairman?

Chairman SENSENBRENNER. The gentleman from Massachusetts.

Mr. FRANK. Mr. Chairman, I'm inclined to agree with you. Obviously, somebody should have introduced the bill earlier, but we don't always all get things done on time.

But I did want to note one aspect of this. Apparently, I infer from what you said, I would ask this question, some of this applies to doctors who are already here and will now be—and who have been for 3 weeks temporarily out of status. And I want to say that I feel vindicated now in having voted for the extension of 245(i). This shows the importance—I mean, if we were in fact to apply immigration law I guess totally strictly, some of these doctors would have had to leave the country and, if we pass the bill, then reapply for admission. That would seem to me—I'd yield to the gentleman.

Chairman SENSENBRENNER. Well, if the gentleman would yield, both Mr. Gekas and I voted for 245(i), too.

Mr. FRANK. I agree. I was——

Chairman SENSENBRENNER. It's our bill.

Mr. FRANK. I was being supportive, Mr. Chairman. I'm agreeing with you, and I was noting—I know that 245(i) was not universally improved.

But I think 245(i) was misunderstood. This is an example of it; 245(i) deals in part with this sort of a circumstance, where through some lapse, some very honest, very valuable citizens find themselves temporarily out of status, and this is an example. It would be ridiculous to make these doctors who are serving and are obviously very much wanted in the areas to have to leave.

So I mean to say this in support of what the Committee has been doing. And I am in favor of the bill.

Chairman SENSENBRENNER. Are there amendments?

If there are no amendments, the Chair notes the presence of a——

Ms. JACKSON LEE. Excuse me? Thank you. I'd like to strike the last word.

Chairman SENSENBRENNER. The gentlewoman from Texas.

Ms. JACKSON LEE. Mr. Chairman, I have heard a little bit of the debate that has ensued. And let me acknowledge the concerns of my colleagues, particularly with my attention to the prerogative and process of Committee review. I have always argued for that, and I am sympathetic the positions that I believe have been, if you will, offered.

This, however, is legislation that I am supporting, and recognize that we have not had the opportunity for oversight by the Subcommittee or the Committee in general. But the reauthorization is key, and it is key because it goes to the issue of underserved areas.

I would like to have had 245 in place, and I am still pushing for that to occur. But these physicians come under a limited number of waivers of the 2-year foreign residency requirement available to foreign physicians. And in particular, a foreign physician may obtain a waiver through recommendation issued by an interested State or Federal agency interested in facilitating the physician's employment in a designated medically underserved area.

This impacts urban areas as well as rural areas. And our colleague Ed Towns has a great interest in this issue, primarily because of the community in which he serves.

I would ask my colleagues to recognize that there is a long agenda that we have to pursue as it relates to immigration issues. My commitment to Committee oversight—but in light of the necessity of this legislation, I would ask my colleagues to support the passage of H.R. 4858, which allows for the reauthorization retroactively to be effective May 31, 2002, as that was the date of the expiration of the program.

I would consider this an emergency, and I would ask my colleagues to support this legislation.

I yield back.

Chairman SENSENBRENNER. Does the gentlewoman yield back?

The Chair notes the presence of a reporting quorum. The question is on the motion to report H.R. 4858 favorably.

Those in favor will say aye.

Opposed, no.

The ayes have it, and the motion to report favorably is adopted.

Without objection, the Chairman is authorized to move to go to conference pursuant to House rules. Without objection, the staff is directed to make any technical and conforming changes. And all Members will be given 2 days, as provided by House rules, in which to submit additional, dissenting, supplemental, or minority views.



#### ADDITIONAL VIEWS

HR 4858 was brought to markup in the full committee without any consideration by the Subcommittee on Immigration, Border Security and Claims. HR 4858 was never vetted in a hearing at the subcommittee level nor was it scrutinized in subcommittee markup. We have received no reports from the State Department or the INS or other agencies about the need or impact that additional physicians may have in underserved areas. In fact we have no way of knowing whether the addition of a nominal number of physicians per state will resolve the problems of medically underserved communities. Lastly, I am very concerned about the unfairness that the “same size fits all” formula has for larger states like California and Texas.

This bill was introduced late, but I would expect the Chairman of the subcommittee to keep track of the visa programs that are part of American law, to anticipate problems and not merely react.

ZOE LOFGREN

